MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/043,659

FILING DATE

APPLICANT(S)

CLAIMS

3-10-04

Claim	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP		Claim	IND	DEP	IND	DEP	IND	DEP
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		1						55						
6		1						56						
7								57						
8								58						
9								59						
10								60						
11		1						61						
12		1						62						
13		1						63						
14		1						64						
15								65						
16								66						
17								67						
18								68						
19								69						
20								70						
21								71						
22								72						
23		1						73						
24		1						74						
25		1						75						
26		1						76						
27		1						77						
28		1						78						
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38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1							TOTAL IND.						
TOTAL DEP.	15							TOTAL DEP.						
TOTAL CLAIMS	16							TOTAL CLAIMS						